

05-14-04

2121\$  
cc

REFERENCE & ASSOCIATES  
Amendment Transmittal

Atty. Docket No. CH920000036US1  
(590.060)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Bergan et al.  
Serial No. : 09/888,699 Examiner : Meltin Bell  
Filed : June 24, 3001 Group Art Unit : 2121  
For : NATURAL LANGUAGE PROCESSING METHODS AND SYSTEMS  
(as amended)

HON. COMMISSIONER OF PATENTS AND TRADEMARKS  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
MAY 18 2004  
Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being deposited with the United States Postal Service as Express Mail Post Office to Addressee, Label EV331365450, addressed to the Commissioner for Patents, PO Box 1450, Alexandria VA 22313-1450 on 12 May 2004.

Stanley D. Ference III  
(Type or print name of person transmitting paper or fee)  
  
(Signature of person transmitting paper or fee)

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5. ☒ Also enclosed: Information Disclosure Statement with 2 copies of references on PTO 1449
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

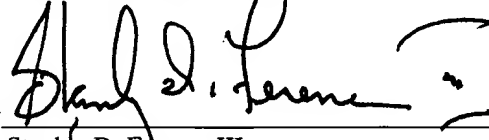
	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	36	-	** 36	=	* 0	x	\$9	=	O	x	\$18	=
Ind.	4	-	*** 4	=	* 0	x	\$43	=	O	x	\$86	=
Claims									O			
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$145	=	O	+	\$290	=
							TOTAL	= \$	O		TOTAL	= \$
									R			

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

ERENCE & ASSOCIATES

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: May 12, 2004

Mailing Address:

ERENCE & ASSOCIATES  
400 Broad Street  
Pittsburgh, Pennsylvania 15143  
(412) 741-8400  
(412) 741-9292 - Facsimile